

## Crossroads Head Start / Early Head Start Applicant Information

Pri	imary Adult Name							Date of Birth	
Ch	nild Applicant Name						Date of Birth		
Ιw	ould like my child to attend I	Head Start/E	arly Head	Start in					
Но	w many hours are needed?			What is	your School Di	istrict/Closest Ele	mentary So	chool?	
WI	here did you hear about Cro	ssroads Hea	d Start / Ea	arly Hea	d Start?			_	
G	eneral Information								
Liv	ring Address				City		State	Zip	County
Ma	ailing Address (if different)				City		State	Zip	County
	Phone Number	Home, V	Vork, Cell,	Other	Primary			Notes	
	( )				()				
	( )				()				
	( )				()				
	# in Household	# in Fa	amily		Total # of C	hildren	# A	ged 0-3	# Aged 4-5
Pa		Primary Lang	guage		TANF	- () N- ()	\ <b></b>	Supp. Sec. Income	
ls :	() One () Two   your family currently Homele	At Home ess? W	ere you re	ferred fo	() Ye or services by a	s () No () Child Welfare Ag	) Formerly ency?		ntal NutritionAssistance
· , ,	Yes () No		.,	() No					d Stamps) () Yes () No
	One or more parent/guardia 6 Military? () Yes () N		of the eployed?	( ) Ves	( ) No	Does applying  If yes, give diag		a disability or special ne	ed? () Yes () No
	otes () res () res	10 De	spioyeu:	() 163	( ) 140	ii yes, give dia	griosis, dat	e and source.	
E	mergency Contacts								
	Name	Relationship					0.5	0	() D. I
_		to ch			o child		() Emergency Contact () Release Child		( ) Release Child to
Contact	Address	City			City		State	Z	lip
ŏ	Phone 1	Type/Not	tes	Phone 2 T		Type/No	otes	Phone 3	Type/Notes
2	Name		Rela to ch	ationship nild			( ) En	nergency Contact	() Release Child to
Contact	Address			City			State	Z	lip
ŏ	Phone 1	Type/Notes			Phone 2		otes	Phone 3	Type/Notes
	Name			ationship			( ) En	nergency Contact	() Release Child to
ntact 3	Address	to child			City		State	Z	Üp
Co	Phone 1	Type/Notes			Phone 2		otes	Phone 3	Type/Notes
<u></u>	octor/Dentist								
	octor/Office Name		Address			City		State	Zip
Ph	one Number				Fax Number	r			
	( )				(	)			
De	entist/Office Name		Address			City		State	Zip
Ph	one Number				Fax Number	r			
	ertify that this informatin is to derstand that the infromation								e subject to legal action. I als g normal business hours.
Pa	rent/Guardian Signature							Date	
Ve	rifying Staff Signature							Date	



## Crossroads Head Start / Early Head Start Family Member Information

Adult One	Last		FIRST	Middle	Nickname/Alias	•	Suffix (Jr, Sr, II, III, etc)		
	District.	dav Gender		ID:	Earlist Burgaria				
	Birthday			Primary Language English Proficiency					
	M F			() None () Poor () Moderate () Proficient  Employment Status () Full Time () Part Time () Retired Occupation/Employm					
	Race (Check all that apply)			Employment Status ()	cupation/Employment				
Ā	() Hispanic () Asian () White () Black			() In School/Training	() In School/Training () Self () Unemployed				
	() Pacific Islander () Native American			Education Level	() Lives with Child	( ) Lives with Child ( ) Provides Financial Supp			
	( ) Other :				() Teen Parent	() Teen Parent () Subsidized			
	Last		First	Middle	Nickname/Alias	3	Suffix (Jr, Sr, II, III, etc)		
١.	Birthday Gender			Primary Language	Primary Language English Proficiency				
≥	M F				oficient				
Adult Two	Race (Check all that apply)			Employment Status () Full Time () Part Time () Retired Occupation/Employme					
Ao	() Hispani	ic () Asian (	) White () Black	() In School/Training	() In School/Training () Self () Unemployed				
	() Pacific Islander () Native American			Education Level ( ) Lives with Child ( ) Provides Financial			Financial Support		
	( ) Other :				() Teen Parent () Subsidized				
_	Last First			Middle	Nickname/Alias	3	Suffix (Jr, Sr, II, III, etc)		
hil							(-,-,,,,-,,,		
Child One-Applying Child	Birthday	G	ender	Primary Language	English Proficiency				
Ĭ.		М	F		() None () Poor () Moderate () Proficient				
Joda	Applying		Race (Check all th	at apply)	Medicaid Eligibility () On	Medicaid () Po	tentially Elig () Not Elig		
A-6	() Yes (	( ) No	() Hispanic () Asi	an () White () Black	Medicaid Number		-		
ő	Nationality	/	() Pacific Islander	() Native American	Primary Health Coverage				
ild			( ) Other :		Other Health Coverage				
ည်	Relationsh	nip to Adult On			Relationship to Adult Two				
	Last		First	Middle	Nickname/Alias	•	Suffix (Jr, Sr, II, III, etc)		
	Last		1 1131	Middle	Niokhamo// kilac	•	Odinx (or, or, ii, iii, cto)		
	Birthday Gender			Primary Language	English Proficiency				
6	M F			, , ,	() None () Poor () Moderate () Proficient				
Ę	Applying Race (Check all that			at apply)	Medicaid Eligibility () On		tentially Elig () Not Elig		
ild		/	-	an () White () Black	Medicaid Number	()	3 (7 22 3		
į	() 165 (	) NO	( ) MISPAIIIC ( ) ASI	( )	Primary Health Coverage				
Child Two	() Yes ( Nationality			( ) Native American	Filliary Health Coverage				
Chi			() Pacific Islander	() Native American					
Chi	Nationality	/	( ) Pacific Islander ( ) Other :	() Native American	Other Health Coverage				
Chil	Nationality Relationsh		( ) Pacific Islander ( ) Other :e		Other Health Coverage Relationship to Adult Two		Suffix / Ir Sr II III oto)		
Chil	Nationality	/	( ) Pacific Islander ( ) Other :	( ) Native American  Middle	Other Health Coverage	3	Suffix (Jr, Sr, II, III, etc)		
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	Nationality Relationsh	/ nip to Adult On	( ) Pacific Islander ( ) Other :e First		Other Health Coverage Relationship to Adult Two Nickname/Alias English Proficiency				
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